PRINTED: 03/02/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN0103	A. BUILDING _____ B. WING _____	C 03/03/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORRIS HEALTH AND REHABILITATION CENT	3382 ANDERSONVILLE HIGHWAY ANDERSONVILLE, TN 37705

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 410	1200-8-6-.04(5) Administration (5) The facility shall make reasonable efforts to safeguard personal property and promptly investigate complaints of such loss. A record shall be prepared of all clothing, personal possessions and money brought by the resident to the nursing home at the time of admission. The record shall be filled out in duplicate. One copy of the record shall be given to the resident or the resident's representative and the original shall be maintained in the nursing home record. This record shall be updated as additional personal property is brought to the facility. This Rule is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure the inventory of personal property was completed and failed to provide a copy of the personal property record to the family for one (#3) of twenty-two residents reviewed. The findings included: Resident #3 was admitted to the facility on March 24, 2010, with diagnoses including Cirrhosis, Congestive Heart Failure, Depressive Disorder, Hypertension and Anemia. Medical record review revealed the resident was transferred to another long-term-care facility on August 5, 2010. Medical record review of the "Inventory of Personal Effects" form dated June 11, 2010, (eighteen days after admission) revealed the resident and/or family had not signed the document to indicate agreement with the description of personal effects left for the resident in the facility. Continued review revealed the	N 410	N410 **HOW WILL CORRECTIVE ACTION BE ACCOMPOLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENCT PRACTICE?** Resident #3 is no longer at the facility and no further actions can be made for her. **HOW WILL THE FACILITY IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE?** Social Services will mailed a letter to each responsible party asking for them to assist the center in updating the inventory sheets for our residents. This letter will be mailed on 3/22/11 **WHAT MEASURES WILL BE PUT INTO PLACE OR SYSTEMIC CHANGES MADE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR?** The Social Services Director was in-serviced on 3/18/11 to check for a completed inventory sheet for all new admissions during the daily clinical start up. If inventory sheets are not completed upon admission then SSD will contact the next of kin to ask them to verify the personal effects (or if resident is own RP) and document on the inventory sheets.	3/28/11

Division of Health Care Facilities

Mike Carson NHA — Adm — 3/18/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

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N 410	Continued From page 1 inventory of personal effects had not been completed at the time of discharge to indicate that all personal items were accounted for and given to the resident or family when the resident was discharged from the facility. Medical record review revealed the copy of the inventory had not been provided to the resident or family. Medical record review and interview on February 8, 2011, at 2:50 p.m., with the Director of Nursing (DON) in the nursing office confirmed the personal inventory record had not been completed and confirmed a copy of the inventory record was still in the medical record and had not been provided to the resident or family. C/O #26232	N 410	**HOW WILL THE FACILITY MONITOR ITS CORRECTIVE ACTIONS TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR?** Results of the daily new admit reviews for will be presented to the QAA committee monthly for 4 months, if identified issues are noted then modifications will be made to this plan of correction.	